

South West Regional Transfusion Committee

Annual Report 2016/17

Introduction

This report documents the work of the South West Regional Transfusion Committee (RTC) over the 12 months from April 2016 to March 2017.

The remit of the RTC is:

1. To provide data on the transfusion practice of hospitals within the region;
2. To monitor transfusion practice through audit on a regular basis;
3. To demonstrate regional education in good transfusion practice;
4. To report on performance monitoring of the transfusion related services provided by NHS Blood and Transplant (NHSBT);
5. To provide information on patients' experiences about the provision of transfusion services.

The South West RTC (SWRTC) has an interest in all transfusion practice which occurs in the South West of England.

There are 10 RTCs in England, all report to the National Blood Transfusion Committee (NBTC) and have a Regional Transfusion Team (RTT) to progress RTC business.

RTC/RTT Meetings and Membership

In 2016/17 the SWRTC met twice (in May and November), and the SWRTT met 3 times.

SWRTC membership is made up of representatives from the Hospital Transfusion Committees (HTCs) within the region, from NHSBT, and a patient representative. This membership now includes a blood conservation doctor who was a GP and has strong links with General Practice in the region.

We have tried to recruit a current GP to the SWRTC but not succeeded to date.

15 out of 17 NHS Trust HTCs sent a representative to the 1st RTC meeting, and 17 out of 17 to the 2nd. There was representation from 2 of the 3 independent hospitals at the 1st meeting, and from all 3 at the 2nd.

SWRTT membership for 2016/17:

SWRTC Chair: Dr Sarah Wexler, Consultant Haematologist – Royal United Hospital Bath NHS Foundation Trust.

SWRTC Secretary: Dr Janet Birchall, Consultant Haematologist – NHSBT & North Bristol NHS Trust;

SWRTC Administrator: Jackie McMahon – NHSBT;

Maggi Webb, Transfusion Laboratory Manager (TLM) – Northern Devon Healthcare NHS Trust;

Caroline Lowe, TP – Plymouth Hospitals NHS Trust;

Katy Cowan, Patient Blood Management Practitioner – NHSBT;

Rhian Edwards, Customer Service Manager – NHSBT (April 2016 – October 2016)

Inga Willett, Customer Service Manager – NHSBT (October 2016 – March 2017)

Representation on Other Groups

- The RTC Chair is a member of the NBTC and the RTC Chairs group;
- Stephen Bassey (TLM) is a member of the NBTC TLMs Working Group;
- Maggi Webb is representative of the Filton and Plymouth TLM group;
- John Faulds (Cell Salvage Co-ordinator) is a member of the UK Cell Salvage Action Group.

1. Provide data on the transfusion practice of hospitals within the region

A survey is sent out annually to all hospitals in the region with a blood transfusion laboratory, to enable the RTC to appraise changes in transfusion practice. This was the 12th year of data collection. The main results of the survey were as follows –

- 17/17 NHS Trusts responded, and 3/3 independent hospitals.
- All participating sites had a TLM, TP, HTC chair, and a Consultant Haematologist with responsibility for transfusion; 7 NHS Consultant Haematologists had <1 or 0 dedicated sessions per week for this role.
- 9 HTCs had no medical, 4 no obstetric & gynaecological, 5 no surgical, 7 no orthopaedic, and 3 no Emergency Department representation.
- 80% of sites stated that if the indication was unclear requests for transfusion were usually challenged by transfusion laboratory staff.
- 80% of sites had a trust wide pre-operative assessment policy to identify anaemia
- 90% of sites use Electronic blood issue, and 40% use electronic/ radiofrequency technology throughout the transfusion process.
- Induction blood transfusion training was received by more than 75% of all staff groups in over 2 thirds of hospitals; update training was similarly strong amongst nurses, HCAs, ODPs, porters and phlebotomists, but substantially less in medical staff.
- 55% of sites stock rFVIIa (6 of those that do not are NHS Trusts).
- 100% of NHS Trusts stock Prothrombin Complex Concentrate (PCC).
- 80% of sites provide 'in routine hours' intra-operative cell salvage (3 NHS Trusts do not); 30% of sites provide post-operative cell salvage (5 NHS trusts and 1 private hospital).
- These results were presented at RTC in November 2016.
- A letter from the RTC chair was sent to the HTC chair of 15 NHS Trusts with outlying performance.

The RTC continues to work with a LIMS provider and a local hospital trust to develop an IT solution for audit of appropriate red cell use. .

Each hospital was provided with an end of year highlight report which included blood usage and wastage, attendance at regional transfusion meetings and audit participation.

2. Monitor transfusion through audit on a regular basis

The SWRTC promotes participation in regional and national audits, presents regional data from national audits at RTC meetings, and supports the sharing of local audit data.

–Audits and Presentations given at RTC included:

Audit of emergency group O blood use

Audit of single unit transfusions

2016 SW RTC database survey results, including single unit transfusion episodes

Use of TXA in hip fractures

Regional results of NCA in red cell and platelet transfusion in adult haematology patients

Blood component issues data for each hospital in the SW region was regularly reviewed by the SWRTT, and presented at HTCs. This was benchmarked against other SW hospitals in the same Blood Stocks Management Scheme (BSMS) usage category.

SWRTC has continued to present CMV negative component data at RTC meetings. This has helped to achieve a decrease of CMV negative red cell requests of 68.4% in 2016/17 compared to 2012/13. Over this time period there has been a 52.4% reduction in CMV negative platelet requests. This has realised a financial saving to hospitals regionally of £96,232 when comparing expenditure in 2012/13 and 2016/17. Almost all of this was NHS hospital use.

As a result of sustained scrutiny of blood component issues, and good practice activities, this year has seen a reduction in issues of red cells to hospitals in the SW of 6.5%, which is comparative to a decrease nationally of 4.8%. After a substantial decrease in platelet use last year, this year has seen an increase of 3.0% compared to a national decrease of 4.0%. Issues of FFP have decreased by 3.0% regionally in comparison with a reduction of 9.1% nationally.

This overall reduction in issues corresponds to a cost saving of more than £900,000 collectively for hospitals across the region when compared to 2015/16 (based upon 2016/17 costs).

Annual blood component issues:

	<u>South West</u>			<u>National</u>		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
RBC	▼2.9	▼8.1%	▼6.5	▼2.6%	▼4.0%	▼4.8
O Neg * (%)	11.3%	11.5%	12.2%	11.6%	12.2%	12.6%
Platelets	▲4.7%	▼7.6%	▲3.0	▲1.3%	▼1.3%	▼4.0
FFP	▼3.2%	▼5.0%	▼3.0	▼6.7%	▼5.6%	▼9.1

**O-Neg. shown is a percentage of total red cell issues for that year.*

3. Demonstrate regional education in good transfusion practice

The SWRTC education group provides direction for the SWRTC on educational issues. The group met either face to face or via telecon four times during 2016/17 and had representation from laboratory, nursing and medical staff.

Key outputs of this group for 2016/17 included:

- Lab Matters Study Day – aimed at training and empowering laboratory staff; 28 delegates from 10 different trusts attended.
- Mothers, Babies and Blood Study day – aimed at midwives; 22 delegates from 4 different trusts and 2 regional universities attended.
- Patient Blood Management in Surgery – aimed at all staff involved in the assessment and management of patients undergoing surgery: 74 delegates from 14 different trusts and 4 private hospitals attended.

The SWRTC home page was updated monthly with regional and national news; guidelines, recommendations, resources and presentations from the RTC meetings. Study days were also made available on the SWRTC Web Pages.

The SWRTC are developing resources and activities around the implementation of the PBM recommendations. These are regularly updated.

The SWRTC has produced 4 regional competencies for. sampling, pre-collection, collection and administration and these have been made available to Trusts via the SW RTC website.

4. Report on performance monitoring of the transfusion related services provided by NHSBT.

The RTC continues to be an important forum for communication with NHSBT via regular reports from NHSBT, the TLM/User group and the NHSBT Hospital Liaison (HL) Team.

Both RTC meetings were attended by all members of the South West HL Team.

The following were presented to the RTC in 2016/17:

- RBC, platelet and CMV-ve issues comparison data
- Quarterly wastage reports.
- Updates from a representative of the TLM group at both RTCs.

The TLM group is convened by NHSBT, and the Filton and Plymouth TLM group met 3 times in 2016/17.

5. Provide information on patient experiences about the provision of transfusion services

The RTC appointed a new patient representative during 2016/17.

RTC Budget

Significant expenses incurred in 2016/17 were the education days and the SWRTC meetings.

South West RTC Budget Expenditure April 2016 – March 2017

Annual Budget	£3984
Total Expenditure	£6268
Add Total from Income	£2540
Total Remaining	£256

Summary

The SWRTC continues to support activity and address issues in blood transfusion throughout the region by continuing the annual transfusion practice 'database' survey, analysis and distribution of blood component issues data, initiation of regional audit and presentation and dissemination of national and local audit results.

Next year the RTC intends to continue routine survey/audit activity and promote local audit. Regional educational events are planned for transfusion laboratory staff, and for all staff involved with the management of emergency/urgent use of blood components

The RTC wishes to thank Dr Sarah Wexler for guiding practice over this very productive year.

Report prepared by the South West Regional Transfusion Team April 2017